

is basically involved is that we are urged to spend less for medical care. Here, the question of values versus costs enters and properly so only in limited instances. Nevertheless, the myth of "consumption" and of a "statistical portion of the GNP" persists *only* in medical care spending. (Parenthetically, it might be added that there are grounds for the statement that the public sector itself, not the private, often "consumes" our resources.)

You have also raised (in the previously cited editorial) the need for "much public and professional education" with regard to medical costs. In this turbulent shake-up period, when the community of economists stretch thin their concepts to somehow find a proper niche for the professed industrialization of medical care, we do need a firm foundation of valid data to counter some of their groping.

The work of Dr David A. Rothstein³ of the University of Chicago—beginning in 1975—provides such a foundation. His basic tenet, adapted to medical care services, is that "one sector's (person's) expenditure is another sector's (person's) income. Or, one sector's output becomes an input to others ("input-output model").

The original framework of an input-output model of industries with its economic application was developed by Professor Wassily Leontief in 1936, with subsequent studies published between 1944 and 1974. This work earned him the Nobel Prize in economics in 1973. Leontief is the principal investigator in a study currently being done at New York University to extend Rothstein's observations of the role of an input-output model in medical care expenditures. The idea was also incorporated into an ongoing study at Harvard. Perhaps the important economic role of medical care spending will become more widely recognized.*

Such interest in the positive economic benefits of money spent on medical services is, of course, not new. A few years ago, Dr William Barclay,⁴ then Editor of *JAMA*, wrote a brief recital of the economics of medical services showing a

penetrating insight into the input-output interdependence of medical care spending. The enduring silence that followed his editorial raises some concern about its motivation. Not that Dr Barclay was opposed to reminders of cost. What he opted for was "one more element in the data base from which a physician draws in making decisions." But not one that, as currently practiced, supersedes all other considerations!

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2. Bethell T: The terms of production—taxes and GNP. *National Review* 1982 Sep 17:1134
3. Rothstein DA: An input-output model for health care economics. *Chicago Medicine* 1984 Jun 7; 87:594-607
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Upside-Down Lateral View

TO THE EDITOR: With regard to Silverberg, Johnston and Haber's interesting paper on "Tuberculous Involvement of a Polymicrobial Liver Abscess,"¹ I wish to be one of (no doubt) many to draw your attention to the interesting figure accompanying this article. Figure 1 consists of two x-ray views: A, labeled posterior anterior view; B, labeled lateral view. On examination of these figures one must note that Figure A is a completely new technique, not heretofore published to my knowledge—the upside-down lateral view. How is it that we have been deprived in the text of this article of discussion of this remarkable new technique for disclosing liver abscesses?

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EDITOR'S NOTE

We can only hang our heads in shame.

MSMW

*There were also some *related* studies in 1979 by Harold S. Luft and Mark S. Freeland and co-workers.